

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043351

STATE FILE NUMBER

1382

FILED JAN 5 1959

Registration District No. 042

Primary Registration District No.

Registrar's No.

300 3
1-57

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rea		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Abt. 4 blocks east of 22nd on R.R. track		Length of stay in lb Abt. 1 yr.		d. STREET ADDRESS None		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HOWARD PERKS				4. DATE OF DEATH Month Day Year Dec. 22 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 24, 1911	
9. AGE (In years less birthday) 47		10. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Mercer County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Mercer County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Caleb M. Perks		13b. MOTHER'S MAIDEN NAME Sadie Elizabeth Osburn		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. 489-32-3613		17. INFORMANT Mrs. Lena C. Hickman		Address 4505 Virginia Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause pertinent for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Traumatic shock and hemorrhage						INTERVAL BETWEEN ONSET AND DEATH none	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Being struck by locomotive with strain						none	
DUE TO (c) Voluntary prostration in						none	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II, if pertinent) On Santa Fe RR road bed opposite East end of Railroad Ave St Joe Mo					
20c. TIME OF INJURY Hour Month, Day, Year a.m. Dec 22 58 p.m. 1:30		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railway right of way St Joseph Buchanan MO					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 131 COUNTY STATE St Joseph Buchanan MO					
21. I attended the deceased from <u>secured body</u> and last saw him <u>alive on Dec 22-58</u> Death occurred at <u>1:30 PM</u> on the <u>date</u> stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. S. E. Melaney</u>				22b. ADDRESS 3 214 Bank Street Bldg St Joseph 8, MO		22c. DATE SIGNED Dec 23 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 26, 1958		23c. NAME OF CEMETERY OR CREMATOR Savannah Cemetery		23d. LOCATION (City, town, or county) (State) Savannah Mo.	
24. FUNERAL DIRECTOR Stamey Funeral Home N.Y.S.		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 24, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

MEDICAL CERTIFICATION USE ONLY - BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. S. E. Melaney

REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.